MIDWIVES QUARTERLY REPORT

GENERAL INSTRUCTIONS:

1. Quarterly reports are to be submitted to the Department of Health and Environmental Control by each licensed midwife.

2. All information is to be recorded in black ink or typed.

3. Please make sure that your name is printed or typed in the place provided on each page and that you date each form on the day you complete it.

4. Please complete the record of each delivery or transfer at the time of the delivery or transfer. You are advised to keep your own duplicate record since the reports will remain on file at the Department of Health and Environmental Control.

5. Dates for submission will be as follows:

QUARTER	DUE AT DHEC
January 1 – March 31	April 30
April 1 – June 30	July 31
July 1 – September 30	October 31
October 1 – December 31	January 31

6. Mail to:

Division of Health Licensing
South Carolina Department of Health and Environmental Control
2600 Bull Street
Columbia, SC 29201

7. If you need more forms or have any questions regarding these reports, access:
http://www.scdhec.gov/health/licen/hrlicmw.htm

8. All information included on these reports will be treated as confidential.

SPECIFIC INSTRUCTIONS:

1. Summary Sheet: Midwives are to complete one summary sheet for the entire quarterly caseload. This then will be submitted along with the individual data sheets prepared for each woman in your care.

2. Individual Data Sheets:

a. Individual data sheets are to be submitted for all women who deliver in South Carolina.

b. An individual data sheet is to be completed for each woman transferred out or delivered during the quarter.

(1) For antepartum transfers – complete information to date of transfer is required; follow-up data, if available, would be helpful.

(2) For intrapartum transfers – complete information to time of transfer is required; through the fifth day postpartum on mother and baby is preferred. If this information is not available to you, please explain.

(3) For births – complete information through the fifth day postpartum on mother and baby is required.

c. Section A:

(1) Client/Birth #: Any number assigned by the midwife so that he/she can locate the record to answer or clarify questions regarding the report.

(2) Parity: Includes the current pregnancy but not the current birth.

(3) Antepartum Record: Gestation at 1st visit means first visit with you, the midwife; for lab tests which are repeated and may change, record initial results and most recent.

d. Section B: Code C – consultation; T- transfer; A- admitted as appropriate. Codes may be used more than once per condition and more than one code may be used per condition. Please date if transferred out or admitted.

Sample: Jaundice: C, C, T, A, 8/10/06.

For Maternal/Fetal Conditions also code AP (antepartum), IP (intrapartum), PP (postpartum) as appropriate.

Sample: Elevated temperature: IPC, PPC.

MIDWIVES QUARTERLY REPORT

SUMMARY SHEET

Name of Midwife _____ License # _____

Address: _____
(Street) (City) (State) (Zip)

Telephone # _____ Reporting quarter: _____ to _____

Number of undelivered women registered at beginning of this quarter _____

Number of women newly registered during this quarter _____

Number of women transferred out during antepartum period this quarter _____

Transferred for medical reasons _____

List reason(s) _____

Transferred for other reasons _____

List reason(s) _____

Number of women delivered during this quarter _____

Attended by Licensed Midwife _____

Home _____ Birthing Center _____

Hospital _____ Other (specify) _____

Transferred intrapartum _____

Home _____ CNM _____

Birthing Center _____ MD _____

Hospital _____ Other (specify) _____

Number of undelivered women registered at end of this quarter _____

Signature of Midwife _____Date _____

CONFIDENTIAL

MIDWIVES QUARTERLY REPORT

INDIVIDUAL DATA SHEET

NAME OF MIDWIFE: _____ DATE OF REPORT: _____

LICENSE NUMBER: _____ MOTHER'S NAME:_____

A. RECORD OF CLIENT /BIRTH #: _____

Delivery Date: _____ Time: _____

Location (County): _____

Age of Mother: _____

EDC: _____

Parity:

Gravida (# of pregnancies): _____

Full term births: _____

Premature births: _____

Abortions: _____

Living children: _____

Antepartum Record:

Gestation (weeks) at 1st visit: _____

Number of AP visits: _____

Hemoglobin/hematocrit: _____

Total weight gain: _____

Urinalysis: _____

Rh: _____ Titers: _____

Serology: _____

Labor:

Length of stage 1: _____

Length of stage 2: _____

Length of stage 3: _____

Estimated blood loss: _____

Newborn:

Sex: _____ Weight (grams): _____

Gestational age (weeks): _____

APGAR score 1 min: ____ 5 min: _____

Eye prophylaxis (type) :_____

Head circumference: _____

Cord vessels: _____

Postpartum visits:

Maternal condition – 1st visit: _____

_____

Newborn condition – 1st visit: _____

_____

Maternal condition – 2nd visit: _____

_____

Newborn condition – 2nd visit: _____

_____

B. CONDITIONS REQUIRING CONSULTATION

MATERNAL/FETAL CONDTIONS: (AP, IP, PP)

Vaginal bleeding:

Before delivery: _____

During delivery: _____

After delivery: >500cc or 2 cups)

Edema face/hands: _____

Vomiting, excessive: _____

Headache, persistent: _____

Visual disturbances: _____

Elevated blood pressure: _____

Proteinuria/Glucosuria (specify) _____

_____

Elevated temperature: _____

Inadequate/Excessive wt. gain: _____

Meconium staining: _____

Slow/irregular Fetal heart: _____

Unengaged head: _____

Presentation other than vertex: _____

Prolonged rupture of membranes: _____

Prolonged labor:

First stage: _____

Second stage: _____

Presenting part other than vertex: _____

Multiple gestation: _____

Retained placenta: _____

Retained placental fragments or membranes: _____

Uterine atony: _____

Laceration, perineal/vaginal: _____

Other conditions (specify): _____

_____

INFANT CONDTIONS

Weight <2500 gms or >4100 gms: _____

Congenital anomalies: _____

APGAR <7 at 5 min.: _____

Respiratory distress: _____

Irregular heartbeat: _____

Immaturity/Post maturity: _____

No urine/stool within 12 hrs of birth: _____

_____

Jaundice: _____

Abnormal cry: _____

Pale, cyanotic or gray color: _____

Abnormal cord vessels: _____

Other conditions (specify): _____

> More than <Less than

Code Section B as follows: C-Consultation; T-Transfer To hospital ER or MD office;
A-Admitted to hospital; AP-Antepartum; IP-Intrapartum; PP-Postpartum